

HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS

CHAPTER: 2
SECTION: 13
TITLE: TRAVEL

AUTHORITY: 38 CFR 17.900 - 17.902

RELATED REFERENCES: MP-1, Part II, Chapter 3, Change 1; M1, Part 1, Chapter 25

I. PROCEDURE CODE(S)

HCPCS: ambulance – A0225, A0380-A0398, A0420-A0431, A0433-A0999

X-Codes: lodging - X0180, attendant X0200; meals - X0190, attendant - X0210; commercial ticket - X0140, attendant - X8010; POV mileage - X8000; misc travel - X0170.

II. DEFINITIONS

A. A special mode vehicle is designed to transport persons with disabilities (i.e., ambicab).

B. Commuting area. The commuting area is the city the beneficiary resides in and the surrounding localities that are within a reasonable distance and, as a general rule, that area would be approximately a 50-mile radius from the beneficiary's residence. The normal commuting area is that served by local transportation facilities, such as automobile, taxi, bus, streetcar, subway, etc.

C. Outside commuting area. Area not within the normal commuting area and not served by local transportation means.

III. POLICY

A. Transportation expenses are authorized to and from approved health care providers within the commuting area.

B. Outside of the commuting area, expenses are authorized for roundtrip transportation to include transportation from residence to the location of treatment as long as preauthorization is requested and the health care provider submitted documentation verifying that the medical services to be provided are not available within the commuting area.

C. A combined meal and accommodation allowance (based on per diem rates) may be payable to a beneficiary who has to stay away from home for one or more nights because of medical treatment. When an overnight stay is required, transportation from the authorized lodging (such as the hotel) to the treatment facility is covered. A meal allowance may also be covered for travel home on the day immediately following an overnight stay, or for the day of travel to and from a hospital admission if the travel exceeds 12 hours (roundtrip).

D. Payment for meals, lodging and incidentals will be based on the current General Services Administrations (GSA) per diem rates applicable to the travel destination (state/county/city). Payment for mileage will be based on the current GSA mileage rate.

E. Claims for reimbursement must include any lodging receipt(s) and a receipt for any authorized travel expense over \$75.00.

F. Ambulance services are payable under the following guidelines.

1. Medical necessity is established when the patient's condition is such that the use of any other method of transportation is contraindicated. The following conditions are presumed to meet this requirement. The patient:

- a. was transported in an emergency situation, e.g., as a result of accident, injury, or acute illness,
- b. needed to be restrained,
- c. was unconscious or in shock,
- d. required oxygen or other emergency treatment on the way to his/her destination,
- e. was experiencing severe hemorrhage,
- f. had to remain immobile because of a fracture that had not been set or the possibility of a fracture,
- g. sustained an acute stroke or myocardial infarction,
- h. was bed confined before and after the ambulance trip, or
- i. could be moved only by stretcher.

2. Two types of ambulances may be covered—basic life support (BLS) and advanced life support (ALS).

a. A BLS ambulance is one that provides transportation plus the equipment and staff needed for such basic services as control of bleeding, treatment of shock, or cardio-pulmonary resuscitation (CPR).

b. An ALS ambulance has complex specialized life sustaining equipment and equipment for radio-telephone contact with a physician or hospital. They are appropriately equipped and staffed by personnel trained and authorized to administer IVS (intravenous therapy), provide anti-shock trousers, establish and maintain a patient's airway, defibrillate the heart, relieve pneumothorax conditions and perform other advanced life support procedures or services such as cardiac monitoring (e.g., electrocardiogram (EKG)). Typical of this type of ambulance are mobile coronary care units and neonatal transport units.

3. The patient must have been transported to the nearest hospital with appropriate facilities for treatment of the injury/illness. Once medical necessity for the ambulance transfer is established, it can be assumed the nearest hospital was used, unless the ambulance charge appears excessive or there is reason to question the location of the admitting hospital.

4. Ambulance coverage includes transfers from a beneficiary's place of residence, accident scene or other location for admission to a hospital.

5. Ambulance service by other than land vehicles (e.g., boat, airplane) may be considered only when:

- a. the point of pick-up is inaccessible by a land vehicle,
- b. other obstacles are involved in transporting the patient to the nearest hospital with appropriate facilities and the patient's medical condition warrants speedy admission, or
- c. the patient's condition is such that transfer by other means is contraindicated.

6. Ambulance service is payable for the return of a beneficiary to his/her residence when the condition is such that the use of any other method of transportation is contraindicated, i.e., when the patient can only be moved by means of a stretcher.

7. The following guidelines should be utilized in determining coverage for ambulance services to deceased beneficiaries.

a. Benefits should not be provided when a beneficiary was pronounced dead by a legally authorized individual before the ambulance was called.

b. If the beneficiary was alive at the time the ambulance was called, but was deceased when the ambulance arrived, benefits are payable to the point of pickup.

c. Benefits should be provided when a beneficiary is pronounced dead while enroute.

IV. POLICY CONSIDERATIONS

Ambicabs and handivan services are covered.

V. EXCLUSIONS

A. Ambulance service when transport or transfer of a patient is primarily for the purpose of having the patient nearer to home, family, friends, or personal physician.

B. Ambulance service when used in lieu of taxi services, i.e., to take the patient to the hospital for treatment/therapy when the use of an ambulance is not medically necessary enroute; or when the patient's condition would have permitted use of regular private transportation whether or not the private transportation was actually available.

C. Charges for an ambulance to return to home base from the hospital while not transporting a patient (deadhead charges).

D. Travel outside the commuting area when services are available within the commuting area.

E. Travel allowance (meals and lodging) for less than 12 hours (roundtrip). Travel begins when the beneficiary leaves home and ends when the beneficiary returns home. Time noted on claim forms should be consistent with the miles traveled based on a test of reasonableness.

F. Travel by parents or other family members to visit the beneficiary.

G. Travel to attend general meetings, annual meetings, conferences, and other such seminars where the focus is on dissemination of general information relating to the covered medical condition(s).

END OF POLICY